

## SUMMARY SHEET

This summary sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by the Maine Rules of Court or by law. This form is required for the use of the Clerk of Court for the purpose of initiating or updating the civil docket. (SEE INSTRUCTIONS ON REVERSE)

### I. County of Filing or District Court Jurisdiction:

### II. CAUSE OF ACTION (Cite the primary civil statutes under which you are filing, if any.) *Pro se* plaintiffs: If unsure, leave blank.

### III. NATURE OF FILING

☐ Initial Complaint

☐ Third-Party Complaint

☐ Cross-Claim or Counterclaim

☐ If Reinstated or Reopened case, give original Docket Number \_\_\_\_\_

(If filing a second or subsequent Money Judgment Disclosure, give docket number of first disclosure)

### IV. ☐ TITLE TO REAL ESTATE IS INVOLVED

### V. MOST DEFINITIVE NATURE OF ACTION. (Place an X in one box only) *Pro se* plaintiffs: If unsure, leave blank.

#### GENERAL CIVIL (CV)

##### Personal Injury Tort

☐ Property Negligence

☐ Auto Negligence

☐ Medical Malpractice

☐ Product Liability

☐ Assault/Battery

☐ Domestic Torts

☐ Other Negligence

☐ Other Personal Injury Tort

##### Non-Personal Injury Tort

☐ Libel/Defamation

☐ Auto Negligence

☐ Other Negligence

☐ Other Non-Personal Injury Tort

##### Contract

☐ Contract

##### Declaratory/Equitable Relief

☐ General Injunctive Relief

☐ Declaratory Judgment

☐ Other Equitable Relief

##### Constitutional/Civil Rights

☐ Constitutional/Civil Rights

##### Statutory Actions

☐ Unfair Trade Practices

☐ Freedom of Access

☐ Other Statutory Actions

##### Miscellaneous Civil

☐ Drug Forfeitures

☐ Other Forfeitures/Property Libels

☐ Land Use Enforcement (80K)

☐ Administrative Warrant

☐ HIV Testing

☐ Arbitration Awards

☐ Appointment of Receiver

☐ Shareholders' Derivative Actions

☐ Foreign Deposition

☐ Pre-action Discovery

☐ Common Law Habeas Corpus

☐ Prisoner Transfers

☐ Foreign Judgments

☐ Minor Settlements

☐ Other Civil

#### CHILD PROTECTIVE CUSTODY (PC)

☐ Non-DHS Protective Custody

#### SPECIAL ACTIONS (SA)

##### Money Judgment

☐ Money Judgment Request Disclosure

#### REAL ESTATE (RE)

##### Title Actions

☐ Quiet Title

☐ Eminent Domain

☐ Easements

☐ Boundaries

##### Foreclosure

☐ Foreclosure (ADR exempt)

☐ Foreclosure (Diversion eligible)

☐ Foreclosure - Other

##### Misc. Real Estate

☐ Equitable Remedies

☐ Mechanics Lien

☐ Partition

☐ Adverse Possession

☐ Nuisance

☐ Abandoned Roads

☐ Trespass

☐ Other Real Estate

#### APPEALS (AP) (To be filed in Superior Court) (ADR exempt)

☐ Governmental Body (80B)

☐ Administrative Agency (80C)

☐ Other Appeals

### VI. M.R.Civ.P. 16B Alternative Dispute Resolution (ADR):

☐ I certify that pursuant to M.R.Civ.P. 16B(b), this case is exempt from a required ADR process because:

☐ It falls within an exemption listed above (i.e., an appeal or an action for non-payment of a note in a secured transaction).

☐ The plaintiff or defendant is incarcerated in a local, state or federal facility.

☐ The parties have participated in a statutory prelitigation screening process with \_\_\_\_\_

☐ The parties have participated in a formal ADR process with \_\_\_\_\_ (name of neutral)  
on \_\_\_\_\_ (date).

☐ This is a Personal Injury action in which the plaintiff's likely damages will not exceed \$30,000, and the plaintiff requests an exemption from ADR.

VII. (a) ☐ **PLAINTIFFS (Name & Address including county)**  
or ☐ **Third-Party**, ☐ **Counterclaim or Cross-Claim Plaintiffs**  
☐ The plaintiff is a prisoner in a local, state or federal facility.

(b) Attorneys (Name, Bar number, Firm name, Address, Telephone Number) **If all counsel listed do NOT represent all plaintiffs,**  
(If *pro se* plaintiff, leave blank) **specify who the listed attorney(s) represent.**

VIII. (a) ☐ **DEFENDANTS (Name & Address including county)**  
and/or ☐ **Third-Party**, ☐ **Counterclaim or** ☐ **Cross-Claim Defendants**  
☐ The defendant is a prisoner in a local, state or federal facility.

(b) Attorneys (Name, Bar number, Firm name, Address, Telephone Number) **If all counsel listed do NOT represent all**  
(If known) **defendants, specify who the listed attorney(s)**

IX. **RELATED CASE(S) IF ANY** \_\_\_\_\_  
Assigned Judge/Justice \_\_\_\_\_ Docket Number \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Name of Lead Attorney of Record or *Pro se* Party

\_\_\_\_\_  
Signature of Attorney or *Pro se* Party

## INSTRUCTIONS FOR COMPLETING SUMMARY SHEET

### **I. County of Filing / District Court Jurisdiction.**

For Superior Court cases enter the county name where this complaint is being filed. For District Court cases enter the location of the District Court where this complaint is being filed.

### **II. Cause of Action.**

Report the civil statute directly related to the primary cause of action and give a brief description of the cause. If the cause of action is not statutorily based enter N/A. **Pro se plaintiffs: If unsure, leave blank.**

### **III. Nature of Filing.** Place an "X" in the appropriate box.

Initial Complaint. Check this box if the complaint is being filed as an original proceeding. A filing fee is required.

Third-Party Complaint. Check this box if the original defendant is filing an action against a third party, not part of the original proceeding. A filing fee is required.

Cross-Claim or Counterclaim. Check this box if an original defendant is filing a cross-claim against another original defendant or if an original defendant is filing a counterclaim against a party not part of the original proceeding.

Reinstated or Reopened. Check this box for cases reinstated or reopened in the court. Use the reopening date as the filing date. Indicate the docket number of the original proceeding. This should be filled in for Money Judgment second or subsequent Disclosures, or for post-judgment motions.

### **IV. Title to Real Estate**

Place an "X" in the box if this case is not designated as Real Estate action but Title to Real Estate is involved.

### **V. Most Definitive Nature of Action.**

Place an "X" in the appropriate box. If the cause fits more than one nature of action, select the category that best describes the primary cause of action. **Pro se plaintiffs: If unsure, leave blank.**

### **VI.** Place an "X" in the appropriate box if the case is exempt from alternative dispute resolution as required by M.R.Civ.P. 16B.

### **VII. (a) Plaintiffs, Third-Party or Counterclaim or Cross-Claim Plaintiffs.**

Enter names (first, middle initial, last) of all plaintiffs and their address including county of residency. If the plaintiff is a government agency, use only the full name or standard abbreviations. If the plaintiff is an official within a government agency, identify first the agency and then the official, giving both name and title. If there are several plaintiffs, list as many plaintiffs as possible and list the additional plaintiffs on an attachment and note "(see attachment)".

**(b) Plaintiff's Attorney.** Enter firm name, attorney of record, attorney of record bar number, address and telephone number. If there are several attorneys, list as many as possible and list the additional attorneys on an attachment, noting in this section "(see attachment)". If more than one attorney is listed for a party, a lead attorney must be designated. If all counsel listed do NOT represent all plaintiffs, specify who the listed attorney(s) represent. **If Pro se plaintiff, leave blank.**

### **VIII. (a) Defendants**

Enter names (first, middle initial, last) of all defendants and their address including county of residency. If the defendant is a government agency, use only the full name or standard abbreviations. If the defendant is an official within a government agency, identify first the agency and then the official, giving both name and title. If there are several defendants, list as many defendants as possible and list the additional defendants on an attachment and note "(see attachment)".

**(b) Defendant's Attorney.** Enter firm name, attorney of record, attorney of record bar number, address and telephone number. If there are several attorneys, list as many as possible and list the additional attorneys on an attachment, noting in this section "(see attachment)". If more than one attorney is listed for a party, a lead attorney must be designated.

If all counsel listed do NOT represent all defendants, specify who the listed attorney(s) represent.

### **IX. Related Cases.**

This section is used to reference relating pending cases if any. If there are related pending cases, insert the docket numbers and the corresponding justices name when appropriate for such cases.

### **Date, Attorney or Pro se Party Name and Signature.**

Date the summary sheet. Type or print the name of the lead attorney of record or the name of the *pro se* party. The attorney signing the filing document should sign the summary sheet. The *pro se* party filing the document must sign the summary sheet. The information on the cover sheet is subject to the requirements of M.R.Civ.P. 11.